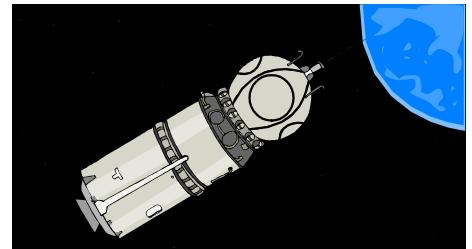


CMS VISION for HOME HEALTH AGENCIES



At this time we would like to remind you about the outcome improvement assistance available from your **QIO** (Quality Improvement Organization), Primaris. We have been participating in their home health strategic planning sessions along with MAHC (Missouri Alliance for Home Care), MHA (Missouri Hospital Association), Missouri Telehealth Network, and representative of both the occupational therapy and physical therapy associations. The purpose of the meetings has been for the QIO to inform the stakeholders about the CMS/ vision for home health agencies for 2005-2007 and to solicit the stakeholders' cooperation and assistance in meeting that vision.

- The QIO Mission is to achieve transformational change on acute care hospitalization (ACH) and one additional publicly reported measure with a select group of HHAs and to make statewide improvement in ACH and one additional statewide measure by August 2007. With the assistance of the home health stakeholders, Primaris has selected improvement in management of oral medications as the statewide measure of focus.



Missouri's hospitalization rate was 28.3 in January 2005 and has not shown any significant decrease since 2002. CMS has charged QIOs to reduce the statewide rate to 23% or less. The OASIS items related to ACH are MO100 and MO855.

The statewide rate for Improvement in Management of Oral Medications was 38.7 in January 2005. The goal is to reduce the difference between that rate and the CMS goal of 90% by no less than 8%. In other words, to increase the statewide rate to at least 43% by August 2007. The OASIS item related to oral meds is MO780.

We all know it is only a matter of time before CMS initiates "pay for performance". Let's all work together NOW to improve these and all patient outcomes!

What is one of the things the HHA can do to help reach these goals?



ANSWER OASIS QUESTIONS CORRECTLY!

Here are a few “tidbits” for answering the MOO items that measure these outcomes:

MO100: (Reason for Assessment)

- RFA 6 and RFA 7 are to be answered **only** if admitted to an inpatient facility.
- Remember...the OASIS definition for “inpatient” is: a patient must be admitted for **greater than 24hrs** and **NOT for diagnostic testing**.
RFA 6 or RFA 7 should **NOT** be answered in these situations. (In fact no OASIS is required since patient is not admitted.) For example, a patient is “admitted” to the hospital for an inpatient surgery but the surgery was cancelled & the patient was discharged home that afternoon. Even though the patient was “admitted”, the patient was not in the hospital for greater than 24 hours. This does NOT meet the OASIS definition for “inpatient” and no OASIS is required. A second example is a patient who is admitted to the hospital for a 48-hr diagnostic study protocol. This patient also does NOT meet the OASIS definition for “inpatient” and no OASIS is required.
- Be sure and answer RFA 9 if you have a patient who has moved in with a family member on the other side of town & is being transferred to the care of another home health agency. “Discharge from agency – **NOT** to an inpatient facility.”

MO855: (To which inpatient facility has the patient been admitted)

- If not sure what kind of “bed” the patient occupied when in the hospital (i.e. how is the bed/floor licensed), the HHA staff needs to phone the hospital the patient is discharged from in order to answer this OASIS item correctly.
- A distinct rehabilitative unit of a hospital is to be considered a rehabilitative facility.
- Nursing home includes SNF, ICF/MR, and NF.
- If you answer RFA 9 at MO100 on discharge from the agency MO855 should always be **NA**. For example, a patient is admitted to the hospital, transfer OASIS was done & RFA 6 (transfer to IP facility –

patient not discharged from agency) was marked. Agency resumed care; patient met all goals & was discharged from the agency. On discharge you mark RFA 9 (discharge from agency). You would **NOT** answer MO855 #1 again (some clinicians answer this incorrectly thinking it is #1 because it is in the same 60 day episode). By doing this they are inadvertently indicating the patient was hospitalized twice; therefore, increasing the rate of inpatient hospitalizations.

MO780: Management of Oral Medications:

Make answering this OASIS item easy!

Optimal Question: Does anyone help you with your oral medications by reminding you to take them, creating a list, filling a pillbox, etc?

Optimal Technique: Show me how and tell me when you take your medicines.

Remember the word “ROT”...

R

Can your patients identify the correct pill or **read** the labels on their pill bottles or the day of the week on their medi-planner?

O

Can your patient **open** their bottle or the medi-planner and remove medication?

T

Can your patient **take** their medications as ordered?



Tips:

- This OASIS item pertains to ORAL medicines only. Does not pertain to G-tube medications or injections.
- This item pertains to all oral medications, **prescribed and non-prescribed (over the counter)** that the patient is currently taking.
- Remember...answer item according to patient's **ABILITY** not compliance.

- **EXCLUDES:** knowledge about medications; effects and side effects, etc.
- **EXCLUDES:** filling and reordering
- Patient must be able to **SAFELY** take meds.
- The “current” column pertains to what the patient can do the **DAY OF** the assessment before any teaching or intervention by the agency.
- To accurately answer this item, consider the patient’s physical and cognitive ability to safely complete all **tasks** associated with taking the medications; getting the medicine from where it is stored, reading and interpreting label instructions, preparing it (opening bottles, pouring, breaking tablets, etc), and reliably taking correct dose at proper time. Ask the patient to state the proper dosage (or number of pills) for each medication and correct times for administration.
- If the patient’s ability varies from medication to medication, consider the total number of medications and the total daily doses in determining what is true ***most of the time***.
- Assisted living environments may require facility staff to administer medications. Assess patient ability to safely and reliably take his own medications as if he did not live there.
- If the patient sets up her own pill planner or writes up her own list of medication & is able to take the correct medication in the correct dosage at the correct time as a result of this setup, then you would consider her independent and response “0” would apply. If someone else made up a list or someone else filled the pill planner than response “1” would be the appropriate choice.

Once you are certain that all clinicians are assessing and scoring the OASIS item appropriately, it is time to begin implementing the OBQI process to improve the outcome! Be sure to contact Primaris for assistance with the OBQI process.